

<b>OSC Use Only:</b>
Reporting Code:
Category Code: <b>CURB</b>
Date Contract Approved:


**FORM A**      **DDH01-S033290-3450000**

State Consultant Services - Contractor's Planned Employment  
 From Contract Start Date Through The End Of The Contract Term

State Agency Name: <b>New York State Department of Health</b>	Agency Code: <b>12000</b>
Contractor Name: Charles H. Debrovner MD	Contract Number: <b>S033290</b>
Contract Start Date: <b>1/1/2018</b>	Contract End Date: <b>12/31/18</b>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1064.00 Obstetrics/Gynecology	SELF	900	\$ 67,500
Total this page	0	900	\$ 67,500
Grand Total	0	900	\$ 67,500

Name of person who prepared this report: Charles H. Debrovner MD  
 Title: Medical Coordinator  
 Phone #: 212 417 4319

Preparer's Signature: 

Date Prepared: 11/13/2017